

Flagyl® Cures Trichomonal Infection in Both

brand of metronidazole

Although Trichomonas vaginalis infection occurs in only 5 to 10 per cent* of men, careful diagnosis will demonstrate the condition in about half of all husbands of infected women. Nine investigators* reported an average incidence of 50.8 per cent in exposed consorts.

Many clinicians have achieved a high degree of success in treating trichomonal vaginitis only after they have recognized the importance of sexual partners in perpetuating the infection. Crowley* has asserted, "it was not until we acted on this key premise that we were able to obtain positive and lasting results in our management of recurrent vaginal trichomoniasis."

Simple ten-day oral treatment with Flagyl virtually assures elimination of established trichomonal infection in men. In twenty-two of twenty-seven studies* data on the results of treating male patients revealed that all men treated with Flagyl were cured.

Indications: Flagyl is indicated in the treatment of trichomoniasis in both men and women.

Contraindications: Pregnancy; disease of the central nervous system; evidence or history of blood dyscrasia.

Precaution: Complete blood cell counts should be made before, during and after therapy, especially if a second course is necessary.

Side effects: Infrequent and minor side effects include nausea, metallic taste and furry tongue. Gastrointestinal disturbances, flushing and headache sometimes occur, especially with concomitant ingestion of alcohol. The taste of alcoholic beverages may be altered. Other effects, all reported in an incidence of less than 1 per cent, are diarrhea, dizziness, vaginal dryness and burning, dry mouth, rash, urticaria, gastritis, drowsiness, insomnia, pruritus, sore tongue, darkened urine, anorexia, vomiting, epigastric distress, dysuria, depression, vertigo, incoordination, ataxia, abdominal cramping, constipation, stomatitis, numbness or paresthesia of an extremity, joint pains, confusion, irritability, weakness, cystitis, pelvic pressure, dyspareunia, fever, polyuria, incontinence, decreased libido, nasal congestion, proctitis and pyuria. Elimination of trichomonads may aggravate candidiasis.

Dosage and Administration: In women: one 250-mg. oral tablet three times daily for ten days. A vaginal insert of 500 mg. is available for local therapy when desired. When used, one vaginal insert should be placed high in the vaginal vault each day for ten days; concurrently two oral tablets should be taken daily.

In men: When trichomonads are demonstrated, one 250-mg. oral tablet twice daily for ten days in conjunction with treatment of his female partner.

Dosage Forms: Oral tablets—250 mg. Vaginal inserts—500 mg.

*Complete list of references on request.

SEARLE Research in the Service of Medicine

At Blue Shield news has a way of getting around.

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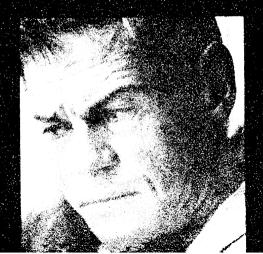
We want to keep you up to date on the overall picture of city, state, and government involvement in all medical matters. From developments in Social Security to current and future medical legislation and what it will mean to you as a doctor.

But we know that there are other business matters that concern you. So our publications answer questions about Medicare and Medicaid, as well as Blue Shield. They give information to your medical assistants about bookkeeping and paper work and helping patients to fill out their claims correctly.

So whether it's through Fast Facts, the MSRC Newsletter, or special papers on topics of current interest, if it's news, we'll make sure you hear about it. Because at Blue Shield, news travels fast.



Anxious affer acoronary, ne waits and wonders



in the convalescent patient prolonged anxiety can interfere with treatment

Even when the patient's prognosis is favorable—and despite the doctor's reassurances—his convalescence is often jeopardized by hours spent in worry and concern over the future.

The adjunctive use of Librium (chlordiazepoxide HCl) is frequently helpful in the management of the coronary patient. Its dependable antianxiety action usually helps him relax, become calmer, less preoccupied with his illness; and, in the process, it helps create an emotional climate more conducive to his medical improvement. Furthermore, Librium h.s., added to the regular t.i.d. schedule, can encourage the restful sleep which comes with relief from anxiety.

After eight years, Librium continues to demonstrate an impressive record of safety. In general use, the most common side effects reported have been drowsiness, ataxia and confusion, particularly in the elderly and debilitated. (See prescribing information.)

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Indicated when anxiety, tension and apprehension are significant components of the clinical profile. Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though

physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective

measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions. edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido-all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscraeias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Usual daily dosage: Individualize for maximum beneficial effects. Oral—Adults: Mild and moderate anxiety and tension, 5 or 10 mg t.i.d. or q.i.d.; severe states, 20 or 25 mg t.i.d. or q.i.d. (See Precautions.)

Supplied: Librium® (chlordiazepoxide HCl) Capsules, 5 mg, 10 mg and 25 mg—bottles of 50. Libritabs^{T.M.} (chlordiazepoxide) Tablets, 5 mg, 10 mg and 25 mg—bottles of 100. With respect to clinical activity, capsules and tablets are indistinguishable.



for the lingering anxiety of convalescence

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(chlordiazepoxide HCI) 5-mg, 10-mg, 25-mg capsules

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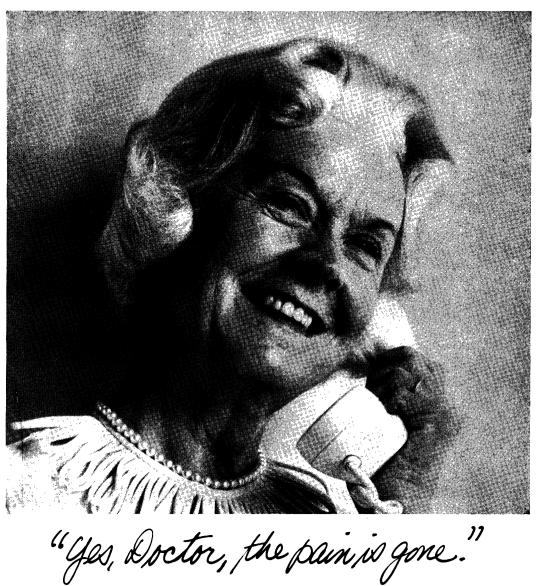
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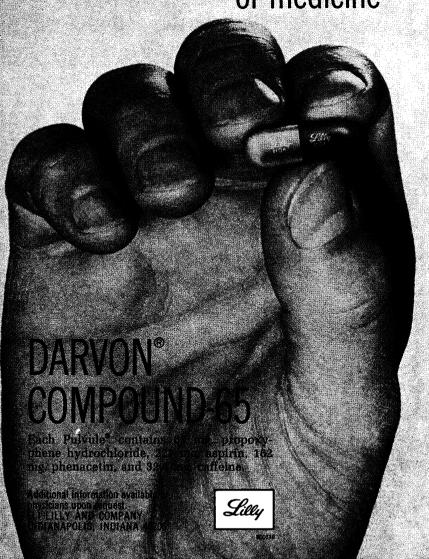
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provides adequate protein intake and helps 'overweights' establish better eating habits.

DOSAGE: Obedrin-LA—1 daily, usually at 10 a.m. Obedrin Tablets and Capsules—1 tablet or capsule at 10 a.m. and 3 p.m. A third tablet or capsule may be given in the evening to discourage late evening snacks. Obedrin tablets are grooved so a half-tablet can be taken if it is found sufficient for appetite control. CAUTION: Should not be given concurrently with monoamine oxidase inhibitors. It should be used with caution in patients having a sensitivity to sympathomimetic compounds or barbiturates, and in cases of coronary or cardiovascular disease or severe hypertension. Excessive use of amphetamines by unstable individuals has been reported to result in a psychological dependence. In such cases, withdrawal of medication is necessary. All medication should be used with caution in pregnant patients, especially in the first trimester.

SIDE EFFECTS: Insomnia, excitability, nervousness may occur if dosage is excessive. These occur infrequently and are mild with the recommended dosage. SUPPLY: Obedrin-LA—Bottles of 50 and 250. Obedrin Tablets and Capsules—Bottles of 100 and 1000.

"TRICKLE RELEASE" TABLETS

Obedrin'-LA'

Each two-layer tablet contains: Methamphetamine Hydrochloride*, 12.5 mg.; Pentobarbital*, 50 mg. (Barbituric Acid derivative; Warning: May be habit-forming); Ascorbic Acid, 200 mg.; Thiamine Mononitrate, 1 mg.; Riboflavin, 2 mg.; Niacin, 10 mg.

Obedrin[®]

Tablets-Capsules

Each tablet or capsule contains Methamphetamine Hydrochloride, 5 mg.; Pentobarbital, 20 mg. (Barbituric Acid derivative; Warning: May be habit-forming); Ascorbic Acid, 100 mg.; Thiamine Mononitrate, 0.5 mg.; Riboflavin, 1 mg.; Niacin, 5 mg. CAUTION: Federal law prohibits dispensing without a prescription.

*U.S. Patent Nos. 2,736,682; 2,809,917; 2,809,916; 2,809,918 and pat. **U.S. Patent Nos. 2,648,609; 2,799,241

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Weariness "without cause"

Psychic tension with depressive symptomatology?

"For weeks I've done practically nothing and I'm always tired. I wake up tired and I go to bed tired. It's absurd. It's really absurd."

When the patient complains of fatigue, and you can find no organic cause, you recognize that it may serve her as a means of avoiding responsibilities or facing

an emotional problem. It is, in effect, a psychological retreat behind a somatic cover of continuous fatigue—one of the many depressive symptoms often asso-

ciated with psychic tension.

She needs counsel and reassurance, and perhaps a tranquilizer to attenuate excessive tension and help restore the capacity to cope. As an aid to successful management, consider the value of Valium® (diazepam). As psychic tension is eased by Valium therapy, secondary depressive symptoms too may subside. The patient feels more capable, therefore more hopeful; better able to handle situations of intense stress.

Before prescribing Valium (diazepam), consult complete product information; a summary follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in: skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders; athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindications: Known hypersensitivity to drug; children under 6 months of age; acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy. Warnings: Not of value in treatment of psychotic pa-

tients, and should not be employed in lieu of appropriate treatment. As with most CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increase in dosage of standard anticonvulsant medication; abrupt withdrawal in such cases may also be associated with temporary increase in frequency and/or severity of seizures. Advise patients against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance. Keep addiction-prone individuals (such as drug addicts or alcoholics) under careful surveillance because of their predisposition to habituation and dependence. Use of any drug in pregnancy, lactation or in women of childbearing age requires that potential benefit be weighed against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, carefully consider individual pharmacologic effects—particularly with known compounds which may potentiate action of Valium, such as pheno-

thiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants. Employ usual precautions in the severely depressed or in those with latent depression; suicidal tendencies may be present and protective measures necessary. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation (initially 2 to 2½ mg once or twice daily, increasing gradually as needed or tolerated). Adverse Reactions: Side effects most commonly reported: drowsiness, fatigue and ataxia. Infrequently encountered: confusion, constipation, depression, diplopia, dysarthria, headache, hypotension, incontinence, jaundice, changes in libido, nausea, changes in salivation, skin rash, slurred speech, tremor, urinary retention, vertigo and blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances and stimulation have been reported; should these occur, use of the drug should be discontinued. Because of isolated reports of neutropenia and jaundice, periodic blood counts and liver function tests are advisable during long-term therapy. Minor changes in EEG patterns (low-voltage fast activity) observed dur-ing and after therapy and are of no known significance. Dosage: Individualize for maximum beneficial effect.

Adults: Tension, anxiety and psychoneurotic states, 2
to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d.
in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed;
adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. Geriatric or debilitated patients: 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) Children: 1 to 21/2 mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under

6 months).
Supplied: Valium® (diazepam) Tablets, 2 mg, 5 mg, and 10 mg; bottles of 50, 100 and 500.



Valium[®] (diazepam)